

al **3** 

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate.

All further correspondence including the Issue Fee Receipt, the Patient, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by (a) specifying a new correspondence address in Block 3 below, or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailling.

1. CORRESPONDENCE ADDRESS A	ROO			2. INVENTOR(S) ADDRESS	CHANGE (Complete on	ly # thore is a channe)
FEB 16 84 1995 4 26M1/1115 LESLIE L. S. SETEN L. R. PANITCH SCHOOL JACOBS & NADEL 1601 MARKET STREET, 36TH FLOOR				2. INVENTORIS ADDRESS GHANGE (Complete only if there is a change) DIVENTOR'S NAME Street Address Oily, State and ZIP Code CO-INVENTOR'S NAME Street Address		
PHILADELPHIA,	PA 19103	TOTAL CLAIMS		City, State and ZIP Code  Check if additional		rae side
08/245,72/3 First Named	05/18/94	011 BR	OWN, T		2601	11/15/94
Applicant GREGOREK, TITLE OF INVENTION DMMUNICATIONS	MARKETING	MARK R.	,			
ATTY'S DOCKET NO	CLASS/SUBCLAS	S BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 80891U1.	379-067.	000 G28	UTILI	TY YES	\$605.00	02/15/95
Correspondence address change (Complete only if there is a change)			4. For printing on the patient front page, liet the names of not more then			
		DO NOT USE	THIS SPACE	*		
MM11282 03/02/99 MM11283 03/02/99		16-0235				
6. ASSIGNMENT DATA TO BE PRINTED ON (1) NAME OF ASSIGNEE:						
(g) ADDISSES COTY & STATE OF COLUMNITION—  A (III S) Er (III S)  A				South Text   Sou		